Poduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Oraci	PATE	NT APPL	ICATION F Substitute	RECORD	Application or Docket Number 10/056936					
CLAIMS AS FILED – PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED				NUMBER	NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE 37 CFR 1.16(a))							<u>\$</u>	OR		\$
TOTAL	CLAIMS R 1.16(c))		minus 20 = •			x \$=		OR	x \$=	
INDEP	ENDENT CLAIM R 1.16(b))	s	minus 3 =			x s=		OR	x s=	
AULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$=		OR	+ \$=		
If the difference in column 1 is less than zero, enter "T' in column 2.						TOTAL		OR	TOTAL	
uuic										
CLAIMS AS AMENDED – PART II 7-25-05 (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL	
5		CLAIMS REMAININ AFTER AMENDMEN	G	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
빩	Total (37 CFR 1.16(c))	AMENDINE.	Minus	- 20	-	x \$=		OR	x \$=	
밝	Independent (37 CFR 1.16(b))	6	Minus	" 6		x s=		OR	x \$=	
¥		ATION OF MUL	TIPLE DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+\$ =		OR	+ \$=	
1_						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1	١	(Column 2)	(Column 3)			_		
누		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
삙	Total (37 CFR 1.16(c))	AMENDIAL	Minus	64	=	x \$=		OR	x \$=	<u> </u>
ENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	Ξ	x \$=		OR	x s=	ļ
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
							<u>.</u>	OR	TOTAL ADO'L FEE	
		(Caluma i		(Column 2)	(Column 3)		·			
, 5		(Column CLAIMS REMAINII AFTER AMENDMI	S NG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	• AMERIAN	Minus	**	= .	x \$=		OR	x \$=	ļ.
AMENDMENT	independent (37 CFR 1.16(b))	1.	Minus	•••	=	x \$=		OR	x \$=	
AME.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s=		OR	+ \$=	<u> </u>
 								OR	ADO'L FEE	
1	" If the "Highe:	st Number Pre	viously Paid Fo	ry in column 2, w IN THIS SPAC IN THIS SPAC (Total or Indepe	E is less than 3.	U, CIKCI 20.	in the appro	priate box in	oclumn 1.	o file (and by

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO time will vary depending upon the Individual case. Any comment including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.